### **APPLICATION DATA SHEET**

#### **Application Information**

Application Number::

Filing Date:: August 25, 2003

n/a

Application Type:: Regular

Subject Matter:: Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

Number of CD Disks::

Number of Copies of CDs::

Sequence Submission?::

Computer Readable Form

(CFR)?::

Number of Copies of CFR::

Title:: LIGHT SCULPTURE

Attorney Docket Number:: 33144-192316

Request for Early Publication?::

Request for Non-Publication?::

Suggested Drawing Figure:: Figs. 1-4

Total Drawing Sheets:: 4

Small Entity?:: No

Latin Name::

**Variety Denomination Name::** 

Petition Included?::

**Petition Type::** 

Licensed US Govt. Agency::

**Contract or Grant Numbers::** 

Secrecy Order in Parent Appl.::

#### **Applicant Information**

**Applicant Authority Type::** 

Inventor

**Primary Citizenship::** 

Taiwanese

Country::

Taiwan

Status::

**Full Capacity** 

Given Name::

Ben

Middle Name::

Family Name::

FAN

Name Suffix::

City of Residence::

Taipei Hsien

State or Province of Residence::

**Country of Residence::** 

Taiwan, R.O.C.

**Street of Mailing Address::** 

15<sup>th</sup> Fl., 81, Sec. 1 Hsintai 5<sup>th</sup> Rd., Hsitzu City

City of Mailing Address::

Taipei Hsien

State or Province of Mailing

Address::

**Country of Mailing Address::** 

Taiwan, R.O.C.

Postal or Zip Code of Mailing

Address::

### **Correspondence Information**

**Correspondence Customer** 

26694

Number::

(202) 962-4800

Phone Number:: Fax Number::

(202) 962-8300

E-Mail Address::

fchao@venable.com

#### **Representative Information**

**Representative Customer** 

26694

Number::

#### **Domestic Priority Information**

| Application:: | Continuity Type:: | Parent Application:: | Par nt Filing Date:: |
|---------------|-------------------|----------------------|----------------------|
| N/A           | Continuation of   |                      |                      |
|               | Continuation of   |                      |                      |
|               | Continuation of   |                      |                      |
|               | Continuation of   |                      |                      |

# **Foreign Priority Information**

| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
|-----------|----------------------|---------------|--------------------|
| N/A       |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |
|           |                      |               |                    |

## **Assignee Information**

Assignee Name::

N/A

**Street of Mailing Address::** 

City of Mailing Address::

State or Province of Mailing

Address::

**Country of Mailing Address::** 

Postal or Zip Code of Mailing

Address::